

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-011014

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED APR 8 1963

1. PLACE OF DEATH

a. COUNTY

Dade

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Lockwood

Length of stay in 1b

2 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Memorial Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Dade

c. CITY

OR TOWN

Greenfield

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

404 Talbutt St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Elsie

Middle

Craig

Last

4. DATE OF DEATH

Month

Day

Year

Mar. 31, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-25-1892

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Newport, Ky.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Joseph Mefford

13b. MOTHER'S MAIDEN NAME

Sarah Yelton

14. NAME OF HUSBAND OR WIFE

Arthur Craig

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes; no, or unknown)

No

16. SOCIAL SECURITY NO.

(If yes, give war or dates of service)

None

17. INFORMANT

Arthur Craig, Greenfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chronic Pyelonephritis

INTERVAL BETWEEN ONSET AND DEATH

5 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

☐☐

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1957

March 31, 1963

and last saw her alive on

March 31, 1963

Death occurred at

10:20

a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Lee A. McNeel, Jr.

(Degree or title)

M.D.

22b. ADDRESS

Greenfield, Mo.

22c. DATE SIGNED

4/1/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Apr. 2, 1963

23c. NAME OF CEMETERY OR CREMATORY

Greenfield Cem.

23d. LOCATION (City, town, or county)

Greenfield, Mo.

24. FUNERAL DIRECTOR

ADDRESS

J.C. Canada, Greenfield, Mo.

25. DATE RECD. BY LOCAL REG.

4/3/1963

26. REGISTRAR'S SIGNATURE

J.C. Canada

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
ORTYPEWRITER RIBBON
Lee A. McNeel, Jr., M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 10 1963

STATEMENT BY LICENSED EMBALMER

0-1

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.